

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S ITA	866 1113	04.18.01 11-09-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	
Original	
1	3/11/01
2	2/21/01
3	6/2
4	1/22/01
5	1/22/01
6	✓
7	0
8	0
A	V
10	V
E	V
12	O
13	N
14	Y
15	V
16	O
17	H
18	✓
19	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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11-09-01